Home

Step 1. Filing institution Contact information Step 2. Transaction Location(s) Information Step 3. Person(s) Involved Information Step 4. Amount and Type of Transaction(s)

Version Number: 13



### **Currency Transaction Report**

OMB No. 1506-0004, OMB No. 1506-0005, OMB No. 1506-0064

### Steps to Submit

- 1. Complete the report in its entirety with all requested or required data known to the filer.
- 2. Click "Validate" to ensure proper formatting and that all required fields are completed.
- 3. Sign with PIN.
- 4. Click "Save"; filers may also "Print" a paper copy for their records.
- 5. Click "Submit".

Filing Name			
*1 Type of filing	Initial report	Correct/amend prior report	FinCEN directed Backfiling
Prior report BSA	Identifier		
Save	Validate	Submit	Print

By providing my PIN, I acknowledge that I am electronically signing the BSA report submitted.

Sign with PIN

This PDF is intended for testing purpose only. Please do not use it in a production environment.

Release Date: 04/29/2020

GOVERNMENT EXHIBIT G-1

#### PAPERWORK REDUCTION ACT NOTICE

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# Case 3:25-cv-00191-LS<sub>t</sub> Document 20-2 Filed 06/09/25 Page 2 of 5 Step 1. Filing Institution Contact Step 2. Transaction Location(s) Step 3. Person(s) involved Step 4. Amount and Type of Information Information Step 4. Amount and Type of Transaction(s) Home Part IV Filing Institution Contact Information \*52 Type of financial institution Other (specify) \*43 Primary federal regulator 53 If 52a - Casino/Card Club is checked, indicate type (check only one) State licensed casino Tribal authorized casino Card club Other \*44 Legal name of filing institution 45 Alternate name, e.g. trade name, DBA \*46 EIN \*47 Address \*48 City \*49 State \*50 ZIP Code \*51 Country 54 Filing institution ID type ID number \*55 Contact office \*56 Phone number \*57 Date filed (Date flied will be auto-populated when the form is signed.)

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Home		Step 1. Filling Institution Contact Information	Step 2. Transaction Location(s) Information	Step 3. Person(s) Involved Information	Step 4. Amount and Type of Transaction(s)
Part III Transactio	n Locatio	on 1 of 1		00	
Would you like to inse	ert all applic	able filing institution in	formation into Part III? Yes		
38 Type of financial in	stitution			•	
Other (specify)					
'29 Primary federal reg	gulator			-	
39 If 38a - Casino/Caro	d Club is ch	ecked, indicate type (d	check only one)		
State license	ed casino	Tribal authorized o	asino Card club O	ther	
30 Legal name of final	ncial institut	tion		30	
31 Alternate name, e.	g. trade nan	ne, DBA			
32 EIN Unknown					
33 Address					
*34 City					
35 State			•		
36 ZIP Code					
37 Country			•		
40 Financial institution	ID type			-	
ID number	Ī		]		
*41 Cash in amount fo	or transactio	n location			
*42 Cash out amount	for transact	ion location			

### Case 3:25-cy-00191-LS Filed 06/09/25 Page 4 of 5 Document 20-2 Step 2. Transaction Location(s) Information Step 3. Person(s) involved information Step 1. Filling Institution Contact Information Step 4. Amount and Type of Home Transaction(s) Part I Person Involved in Transaction(s) 4 Person conducting Person conducting Person on whose behalf \*2 d Common carrier c $\square$ transaction on own behalf transaction for another transaction was conducted 3 Multiple transactions Check ☐ If entity \*4 Individual's last name ☐ Unknown or entity's legal name \*5 First name Unknown 6 Middle name Suffix 7 Gender 8 Alternate name 9 Occupation or type of business 9a NAICS Code Unknown \*10 Address Unknown \*11 City Unknown \*13 ZIP/Postal Code Unknown \*12 State Unknown \*14 Country 16 TIN type \*15 TIN Unknown ☐ Unknown \*17 Date of birth 18 Contact phone number Ext. 19 E-mail address \*20 Form of identification used to verify identity Unknown ☐ Driver's license/State ID ☐ Passport ☐ Alien Registration ☐ Other Number Country Issuing State 21 Cash in amount for individual or entity listed in Item 4 S Account number 22 Cash out amount for individual or entity listed in Item 4 \$ Account number

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Home

Step 1. Filing Institution Contact Information

Step 2. Transaction Location(s) Step 3. Person(s) Involved Information

Step 4. Amount and Type of Transaction(s)

Part II Amount and Type of Transaction(s). Check all boxes that apply.								
*23 Date of transaction	ect)	deposit or shipment	□ Night deposit □ Agg	regated transactions [	Shared branching			
25 CASH IN: (in U.S. dollar	equivalent)		*27 CASH OUT: (in U.S.	dollar equivalent)				
a Deposit(s)	<u> </u>	.00	a Withdrawal(s)		.00			
b Payment(s)		.00	b Advance(s) on credit (incl	uding markers)	.00			
c Currency received for funds transfer(s) out		.00	c Currency paid from funds transfer(s) in		.00			
d Purchase of negotiable ins	rument (s)	.00	d Negotiable Instrument(s)	cashed	.00			
e Currency exchange(s)		.00_	e Currency exchange(s)		.00			
f Currency to prepaid access		.00	f Currency from prepaid ac	cess	.00			
g Purchases of casinos chips, tokens and other gaming instruments		.00	g Redemption(s) of casino chips, tokens, TITO tickets and other gaming instruments					
h Currency wager(s) Including money plays		.00	h Payment(s) on wager(s) (i and OTB or sports pool)	.00				
	<u> </u>		I Travel and complimentary	expenses and				
		.00	j Payment for tournament,	contest or other	.00			
z Other (specify):		.00	promotions z Other (specify):	: <del></del>	.00.			
<u> </u>		.00			.00			
Total cash in	\$	.00	Total cash out	s	.00			
6 Foreign cash in		Forei	gn Country	•	0 0			
8 Foreign cash out		Forei	gn Country	•	0 0			